

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-584,248

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	2			1		
5	(1)			1		
6	(1)			1		
7		1		1		
8	(1)			1		
9	(1)			1		
10	(1)			1		
11	(1)			1		
12	(1)			1		
13	(1)			1		
14	(1)			1		
15	1			1		
16	(1)			1		
17	(1)			1		
18	(1)			1		
19	(1)			1		
20	(1)			1		
21	1			1		
22		(1)		1		
23		(1)		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	22	←	21	←		←
TOTAL CLAIMS	25		24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						